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**CONFIRMATION NO. 1611**

Bib Data Sheet

SERIAL NUMBER 10/691,928	FILING DATE 10/23/2003  RULE	CLASS 424	GROUP ART UNIT 1616	ATTORNEY DOCKET NO. JAG 100
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**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/421,190 10/24/2002

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\***

**\*\* 01/22/2004**

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after allowance	MA	0	16	1
Verified and Acknowledged	Examiner's Signature <u>9/16/05</u> Initials				

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**TITLE**

Antifungal formulations

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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